STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # **101905**

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax)

INVOICE # _____

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1083	TREASURY	4170	WRD N	MISC CASH A	CCT		
0407	COPIES		_				\$
		IDENTIFY)					\$
0243 I/S Le	ease 0244	Muni Wate	er Mgmt. Pl	an 024	45 Cons. V	Vater	
				PERATING			
	MISCELLANEOUS			1.7.1			
0407	COPY & TAPE FE	ES	46	111			\$
0410	RESEARCH FEES	;					\$
0408	MISC REVENUE:	(IDENTIF	Y)				\$
TC162	DEPOSIT LIAB. (I	DENTIFY)					\$
0240	EXTENSION OF T	IME					\$
	WATER RIGHTS:			EXAM FEE			RECORD FI
0201	SURFACE WATER	t		\$	02	02	\$
0203	GROUND WATER			\$12509	02	04	\$ 9009
0205	TRANSFER			\$	\neg		
	WELL CONSTRUC	CTION		EXAM FEE			LICENSE FI
0218	WELL DRILL CON	STRUCTO	R	\$	02	19	\$
	LANDOWNER'S P	ERMIT			02	20	\$
	OTHER	(IDENTI	FY)				
0536	TREASURY	0427	WELL	CONST. STA	DT EEE		
			_VV CLL		<u> </u>		
0211	WELL CONST STA			\$		CARD#	
0210	MONITORING WE	LLS		\$		CARD#	
	OTHER	(IDENTI	=Y)				
0607	TREASURY	0467	HYDRO	ACTIVITY	LIC NUI	MBER	
0233	POWER LICENSE	FEE (FW/	NRD)	-			\$
0231	HYDRO LICENSE	FEE (FW/\	VRD)	L			\$
	HYDRO APPLICAT	ΓΙΟΝ					\$
	TREASURY		OTHER	R/RDX_			
FUND		_ TITLE _					
	E						
	TION		<u> </u>				\$

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Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff

Application G 17445 County KLAM Priority Date 12-22-200
Township 24S Range 7E Section 7
Amount Grand Use Quasi - Mewi WM Dist # 17
Caseworker Assigned O Jeana Eastman Kerry Kavanagh O Michele McAleer
Applicant/Organization Name, Mailing Address, and Telephone Number.
Source of water. If stored water, is the stored water component filed out, including a non-expired agreement for stored water must be included. (ORS 537.400) NOTE: A surface water application cannot be filed at the same time as a Reservoir or Alt Reservoir if it will be for the use of the stored water under the PROPOSED Reservoir application (E2).
The proposed source is of is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued. Property ownership indicated.
O If applicant does not own all the land, the affected landowner's name and mailing address must be listed
O If applicant does not own all the land, a signed statement declaring the existence of either written authorization or an easement permitting access to land crossed by the proposed ditch canal or other work must be submitted.
Well Development (Section 3) or a well log report.
Proposed use of water. If supplemental, list primary acreage.
Enclosed Supplemental Form for each proposed use.
O Form I (Irrigation) Form M (Municipal or Quasi-Municipal)
O Form R (Mining)
O Spring Description Sheet
Amount of water from each source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF)
Period of use
Water management section (Please estimate if the water system has not been designed).
Resource Protection Section
Project schedule (If system is already completed, indicate "existing").

0	Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir for all standard reservoir applications
0	A map prepared by a CWRE for a standard reservoir application proposing to store more than 9.2 acre feet and having a dam height of more than 10 feet
P	All applicants or the applicant's authorized agent (include title or authority if for an organization or corporation), must sign the application in ink. Signature must be an original "wet" signature. Copies cannot be accepted.
4	You must include a Legal description of all the properties involved where water is diverted, crossed, and used. The Legal description includes a metes and bounds, or other government survey description. A copy of the deed, land sales contract or title insurance policy can provide this information, or you may submit a lot book report prepared by a title company. The Department will not accept a copy of the tax bill.
\$.	A completed Land-Use Form of receipt signed and dated by the appropriate planning department officials. Please be certain that the Land-Use form lists all lands involved and all uses proposed. Date of signature must be within the past 12 months. Signature must be an original "wet" signature. Copies cannot be accepted.
9	The map must meet all the minimum requirements of OAR 690-310-0050.
	O Township, Range, Section O Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU) O Place of use, 1/4, 1/4's and tax lot clearly identified O Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.) O Location of each diversion point, well or dam by reference to a recognized public land survey corner. Multiple wells shall be uniquely labeled, and identified on well logs if existing. O Reference corner on map O North Directional Symbol O Number of acres per 1/4, 1/4, if for irrigation, nursery, or agriculture O Other MAN Market Strong Stron
	2150 1250
) I	Fees: Amount of water requested Grad
	Base Fee \$ 1 U C O Additional Use @
	1st CFS/AF 250 Total Exam Fees \$ 1250
,	Addtn'l CFS/AF@ Total Paid \$ Z / \$ O Addtn' POD/POA @ Amount Dus \$ Amount Returned \$
	Reviewed by: HTM Date: 12-22-2010